

NOV 18 2003

Premarket Notification – Special 510(k): Device Modification
Horizon Medical Products, Inc.
Vortex® MP Vascular Access System

K033473

510(k) Summary

510(K) SUMMARY [AS REQUIRED BY 21 CFR 807.92(C)]

Submitter's Name / Contact Person

<u>Manufacturer</u> Horizon Medical Products, Inc. One Horizon Way Manchester, Georgia 31816	<u>Contact</u> Scott Moeller Director of Quality Assurance and Regulatory Affairs
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General Information

Trade Name	Vortex® MP Vascular Access System
Common Name	Vascular access port
Classification Name	Subcutaneous, implanted, intravascular infusion port and catheter Classification Number: 21 CFR §880.5965 Classification Panel: General Hospital Product Code: LJT
Equivalent Device	Horizon Medical Products Vortex® MP Peripheral Access System (K032754)

Device Description

The Vortex® MP Vascular Access System is a device comprised of a vascular access port, a catheter, locking mechanism and introduction components. The Vortex MP® Port is available in a titanium configuration with a self sealing silicone septum designed to maintain integrity after repeated punctures with a non-coring needle. The catheter is offered in polyurethane and silicone models. The products are packaged in sterile trays with introduction components.

Intended Use / Indications

The Vortex® MP Vascular Access System is indicated for central venous placement (either peripheral or chest placement) when patient therapy requires repeated venous access for injection or infusion therapy and/or venous blood sampling.

Substantial Equivalence Comparison

The subject and predicate devices utilize the identical fundamental scientific technology and are identical in configuration and dimensions. The subject and predicate devices are substantially similar in materials of construction. The Vortex MP Vascular Access System was evaluated through HMP risk analysis and qualified through design verification testing following established Design Control procedures. No new questions of safety or effectiveness were raised for the Vortex MP Vascular Access System.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

NOV 18 2003

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

Mr. Scott Moeller
Director of Quality Assurance and Regulatory Affairs
Horizon Medical Products, Incorporated
One Horizon Way
Manchester, Georgia 31816

Re: K033473

Trade/Device Name: Modification to Vortex MP Vascular Access Port
Regulation Number: 880.5965
Regulation Name: Subcutaneous Implanted Intravascular Infusion Port and Catheter
Regulatory Class: II
Product Code: LJT
Dated: October 31, 2003
Received: November 3, 2003

Dear Mr. Moeller:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

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Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (301) 594-4618. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address <http://www.fda.gov/cdrh/dsma/dsmamain.html>

Sincerely yours,



Chiu Lin, Ph.D.

Director

Division of Anesthesiology, General Hospital,
Infection Control and Dental Devices

Office of Device Evaluation

Center for Devices and

Radiological Health

Enclosure

INDICATIONS FOR USE STATEMENT

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510(k) Number (if known): K033473


Device Name: Vortex MP Vascular Access System

Indications for Use:

The Vortex® MP Vascular Access System is indicated for central venous placement (either peripheral or chest placement) when patient therapy requires repeated venous access for injection or infusion therapy and/or venous blood sampling.

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE OF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)


(Division Sign-Off)
Division of Anesthesiology, General Hospital,
Infection Control, Dental Devices

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